Patient: Chicago Fire Department Case Type: **BATTERY VICTIM** 10 West 35th Street Chicago, Illinois 60616 (312) 745-3705 Case Status: **CLOSED** éQ CALL PATIENT DATES/TIMES Run# Patient Name Received ODOM Case type **BATTERY VICTIM** Sex: F DOB: 10/14/2011 Dispatched Scene Lang. Weight 20:35 CHICAGO NFA Town Address At Location 20:31 State IL, 60607 At Patient City, St, Zip:, 20:31 Station A28 Pt. Ph: Departed Scene 21:05 Case Nature SSN Hosp. Notif. Shift/Veh. EMS 1, C113 At Destination 21:11 Skillset <u>ALS</u> Clear 22:13 Dispatched Return to Base Crew WHEELED Trip Dist. Police # Delay to Scn Hosp Ord

HX PRESENT

Subject COMPLAINT Description/Details SEE COMMENTS:

CAUSE SYMPTOMS

ALCOHOL ABUSE: ASSULT: PAIN AND BRUSING TO THE NECK:

□ NOTE: FOUND PT IN A DARK DOORWAY HAVING INTERCOURSE. CREW WAS INITALLY RESPONDING TO ANOTHER CALL WHEN THEY WITNESSED THE SCENE, CREW WAS CONCERNED FOR HER SAFETY AND THOUGHT IT MIGHT BE A SEXUAL ASSULT. PT DENIES BEING SEXUALLY ASSULTED. POLICE BEAT 7349 WAS PARKED APPROX YARDS AWAY AND COULD NOT SEE THE INCIDENT THE AMB CREW HAD THE POLICE FOLLOW TO THE SCENE. THE PT WAS VERBALLY ABUSIVE AND SE WAS CHOKED BY ONE POLICE OFFICER SEVERAL TIMES LEAVING BRUISING TO HER NECK. PT WAS RESTRAINED AND TRANSPORTE TO THE HOSPITAL FOR FURTHER EVAL. PT CARE AND EPORT GIVEN TO ER STAFF. ALL TIMES AF AND MET CREW AT THE HOSPITAL WITH A POLICE SUPERVISOR. ADDITIONAL OEC NUMBER OF (IMATE 451 NOTIFED S THE SAME RUN.

GENERAL

GENERAL

BRUISING TO THE NECK

STRONG SMELL OF ETOH

HX PAST

Subject

Description/Details

ALLERGIES MEDS PREEXIST

NONE: NONE: NONE:

FINDINGS (D)

AIRWAY:

STATUS: PATENT

BREATH:

QUALITY: NON-LABORED, (R) LS: CLEAR, (L) LS:

CLEAR, CHEST WALL EXPANSION: EQUAL

EXPANSION

CIRCUL:

STATUS: PRESENT, SITE: RADIAL, STRENGTH: STRONG, REGULARITY: REGULAR, CAP. REFILL:

NORMAL, CAP. REFILL: NORMAL

GCS:

SCORE: 15, EYES: 4-SPONTANEOUS, VERBAL: 5-ORIENTED, MOTOR: 6-OBEYS COMMANDS

LOC:

ORIENTATION: ORIENTED X 3, AVPU: ALERT

PTFOUND:

POSITION: WALKING AT SCENE

SKIN:

TEMP: NORMAL, COLOR: NORMAL, MOISTURE:

NORMAL

Impression: NECK BRUISING

MANAGEMENT and REASSESSMENT

Time	Subject	Description/Details					
		BP	Р	R	SPO2	Pos	
20:31	TREATMENT	BSI: AMB CREW YES, GLOVES YES					
20:44	VITALS	1	110	22			
20:44	LOC	ORIENTATION ORIENTED X 3, AVPU ALERT					
20:44	AIRWAY	STATUS P	ATENT				
20:44	BREATH	QUALITY I	NON-LABORED. (F	R) LS CLEAR. (L) L:	S CLEAR CHEST W	ALL EXPAI	

EXPANSION

10/17/2011

gamanagi'							
20:44	EYES	(R) REACTIVITY REACTIVE, (L) REACTIVITY REACTIVE, (R) SIZE NORMAL, (L) SIZE NORMAL					
20:44	SKIN	<u>TEMP</u> NORMAL, <u>COLOR</u> NORMAL, <u>MOISTURE</u> NORMAL					
20:44	GCS	SCORE 15, EYES 4-SPONTANEOUS, VERBAL 5-ORIENTED, MOTOR 6-OBEYS COMMANDS					
20:44	VITALS	<u>REGULARITY</u> REGULAR					
20:44	SKIN	<u>CAP. REFILL</u> NORMAL					
20:44	CIRCUL	STATUS PRESENT, <u>SITE</u> RADIAL, <u>STRENGTH</u> STRONG, <u>REGULARITY</u> REGULAR, <u>CAP. REFILL</u> NORMAL					

☑ RESULT

AUTHORIZATION

Disposition
Trans. Result
Destination
Dest. Reason
Status
DelayFScn
Hosp UR#
MedCtl, Name
Tape/Log
PT Priority

To Ambulance

In Ambulance

From Ambulance

STROGER CLOSEST ED EMERGENCY

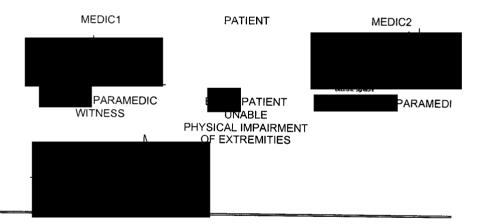
TX / TRANS BY THIS UNIT

STRETCHER STRETCHER STRETCHER Signature by Patient Representative As a representative signing this record on behalf the patient, I represent that I am either (1) the patients legal guardian; (2) a person who receives governmental benefits on behalf of the patient; (3) a person who arranges f patients treatment or exercises other responsibility for the patients affairs such as a relating or a friend; or (4) a representative of an agency or institution that did not furnish the service for which payment is made but furnished care, services, or assistance to the patient. The following representatives signature does not constitute acknowledgement of financi responsibility for the services rendered to the patient.

Statement by Provider when Patient Unable to Sign and No Representative Availab By signing this record, the Medical Transport Personnel hereby represents that the patie is unable to sign for the reasons set forth in this patient care report and that no patie representative is available and willing to sign on behalf of the patient at the time transport. The following signature does not constitute acknowledgement of financi responsibility for the service rendered to the patient.

Signature by Hospital Representative (HR) when Patient Unable to Sign and N Representative Available

As an employee of the above hospital, I hereby acknowledge that this patient whose nar appears above was transported by the Chicago Fire Department to this institution f medical care at the above-indicated date and time. The following signature does n constitute acknowledgement of financial responsibility for the service rendered to the patient. The following signature does not attest to the patients medical condition.



10G 1049318